

The Shift From Personal Care to Population Health: Key to Improving Public Health Outcomes

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The Case of Tobacco Use Reduction:

A Classic Population-Based Public Health Strategy

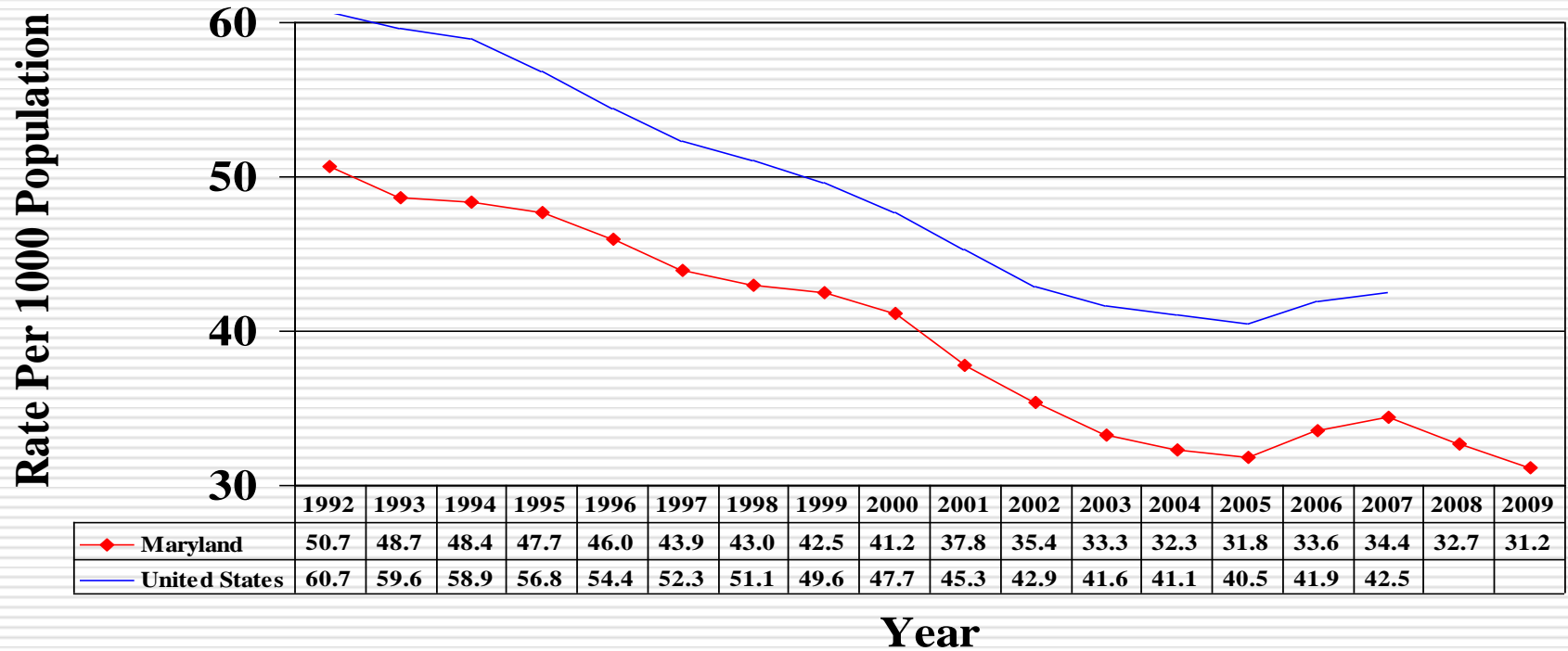
CORE FUNCTIONS	RESULTS
Assessment	High tobacco use prevalence
Policy Development	<ul style="list-style-type: none"><input type="checkbox"/> Community programs<input type="checkbox"/> School programs<input type="checkbox"/> Enforcement<input type="checkbox"/> Statewide programs<input type="checkbox"/> Tobacco-related disease programs
Assurance	Direction for use of Cigarette Restitution Fund dollars

The Case of Obesity Prevention:

A Classic Population-Based Public Health Strategy

CORE FUNCTIONS	RESULTS
Assessment	<ul style="list-style-type: none"><input type="checkbox"/> High obesity prevalence<input type="checkbox"/> High chronic disease prevalence
Policy Development	<ul style="list-style-type: none"><input type="checkbox"/> Evidence-based programs<input type="checkbox"/> Healthy environments where healthy choices are easy choices (e.g., access to healthy foods and safe places for recreational activities)<input type="checkbox"/> Reducing health disparities
Assurance	Direction for the use of Cigarette Restitution Fund (CRF) dollars

The Case of Teen Pregnancy Prevention: An Evolving Population Health Strategy



—◆— Maryland — United States

Source: MD Vital Statistics

The Case of Teen Pregnancy Prevention: An Evolving Population Health Strategy

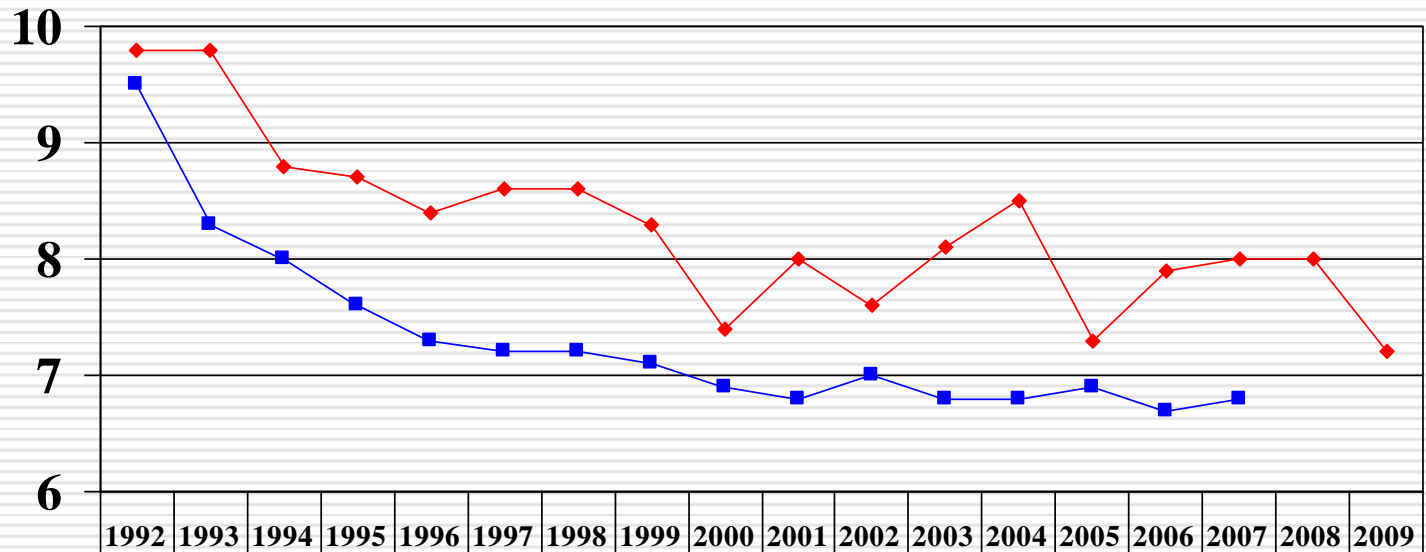
CORE FUNCTIONS	BEFORE HCR	AFTER HCR
Assessment	High teen birth rates	Leveling of teen birth rates
Policy Development	Expand access to contraceptive services	Expand access to comprehensive prevention services
Assurance	Shore up public health family planning clinics	Support youth development efforts (e.g. ACA's PREP, Abstinence, and Homevisiting grants)

The Case of Teen Pregnancy Prevention: Summary

- ❑ Shifting from a focus on clinical contraceptive services to community-based teen pregnancy prevention efforts is the key public health strategy for reducing teen pregnancies.
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The Case of Infant Mortality Prevention: An Evolving Population Health Strategy

Rate Per 1000 Live Births



◆ Maryland	9.8	9.8	8.8	8.7	8.4	8.6	8.6	8.3	7.4	8.0	7.6	8.1	8.5	7.3	7.9	8.0	8.0	7.2
■ United States	9.5	8.3	8	7.6	7.3	7.2	7.2	7.1	6.9	6.8	7.0	6.8	6.8	6.9	6.7	6.8		

Year

Source: MD Vital Statistics

◆ Maryland ■ United States

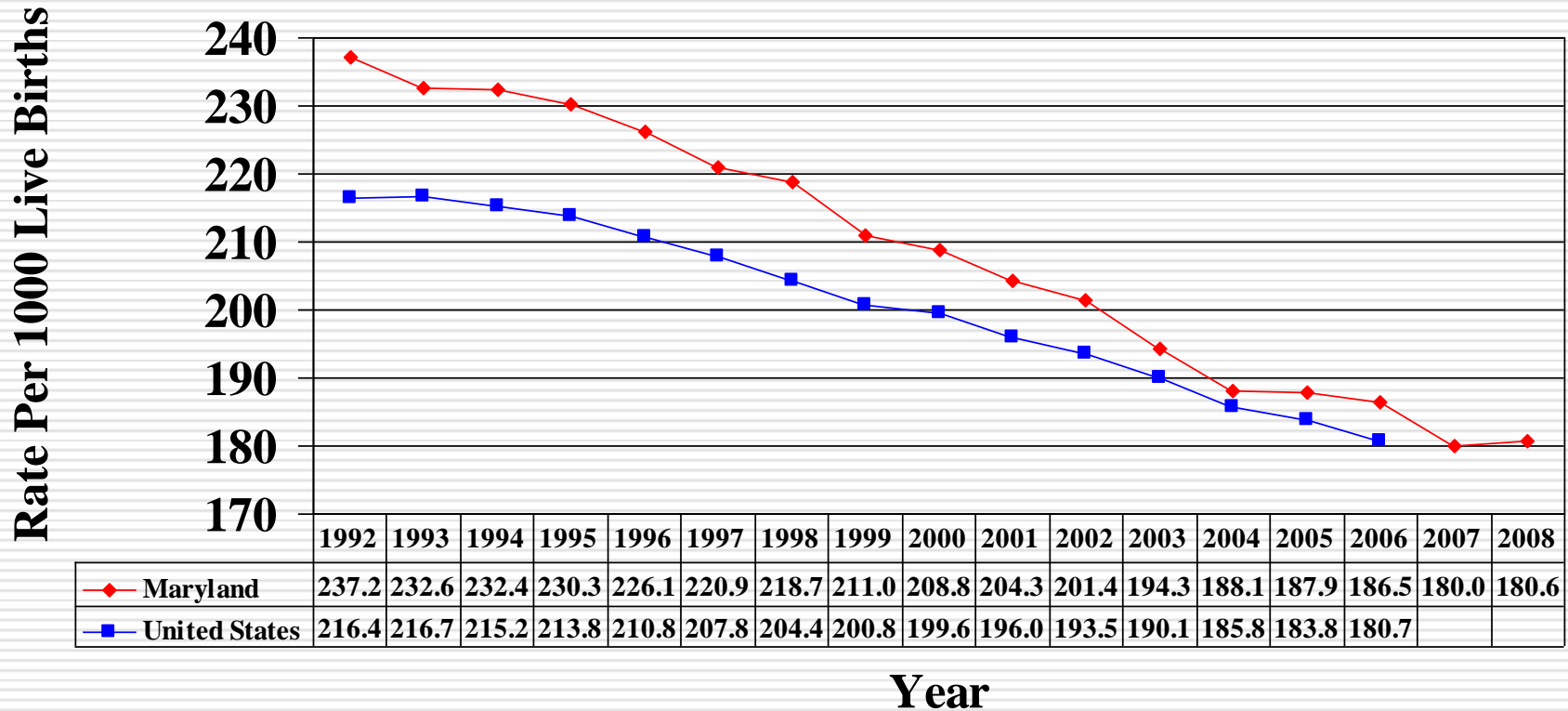
The Case of Infant Mortality Prevention: An Evolving Population Health Strategy

CORE FUNCTIONS	BEFORE HCR	AFTER HCR
Assessment	High infant mortality rates & wide racial disparities	Leveling of infant mortality rates
Policy Development	Expand access to prenatal care	<input type="checkbox"/> Before pregnancy – Comprehensive women’s services <input type="checkbox"/> During pregnancy – Early prenatal care & perinatal standards <input type="checkbox"/> After delivery – Risk appropriate follow up
Assurance	Expand Medicaid coverage for pregnant women	Comprehensive perinatal systems building

The Case of Infant Mortality Prevention: Summary

- ❑ Shifting from a focus on clinical prenatal care services to a statewide comprehensive, perinatal systems building strategy is the key to reducing infant mortality.
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The Case of Cancer Mortality Prevention: An Evolving Population Health Strategy



Source: MD Vital Statistics

—◆— **Maryland** —■— **United States**

The Case of Cancer Mortality Prevention: An Evolving Population Health Strategy

CORE FUNCTIONS	BEFORE HCR	AFTER HCR
Assessment	High cancer mortality rates	Improving cancer mortality rates
Policy Development	Expand access to cancer screening, diagnostic & treatment services	Comprehensive cancer prevention systems approach
Assurance	Maximize use of CRF dollars for assuring access	Transition use of federal, State, and CRF dollars for improving access & quality

The Case of Cancer Mortality Prevention: Summary

- ❑ Shifting from a focus on clinical cancer screening services to a statewide, comprehensive cancer prevention and control strategy is the key to reducing cancer mortality.
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The Population Health Case for Evaluating the Impact of Health Care Reform

CORE FUNCTIONS	PERSONAL CARE	POPULATION HEALTH
Assessment	# of patients with health insurance coverage	Population health status indicators
Policy Development	Increasing #'s covered and seen	Strengthening the system of primary and specialty care
Assurance	Improving % of patients with health insurance coverage	Reducing unnecessary hospitalizations and emergency room visits

The Population Health Case for Evaluating the Impact of Health Care Reform



The Population Health Case for Evaluating the Impact of Health Care Reform

- Prevention Quality Indicators (PQI's): A new approach for assessing preventable hospitalizations in Maryland
 - PQI's, developed by AHRQ and RAND, are used by other states to assess access to and quality of outpatient primary care.
 - 14 PQIs are used to measure ambulatory care sensitive (ACS) conditions - for which good outpatient care can potentially prevent the need for hospitalization (e.g., complications from diabetes).
 - ACS conditions reflect access to and quality of the ambulatory care infrastructure in a community.
 - This methodology represents a potential population health approach for assessing and evaluating the impact of health care reform.
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The Population Health Case for Evaluating the Impact of Health Care Reform

Prevention Quality Indicator risk-adjusted rates (per 100,000) for Maryland, New Jersey, and New York, 2005

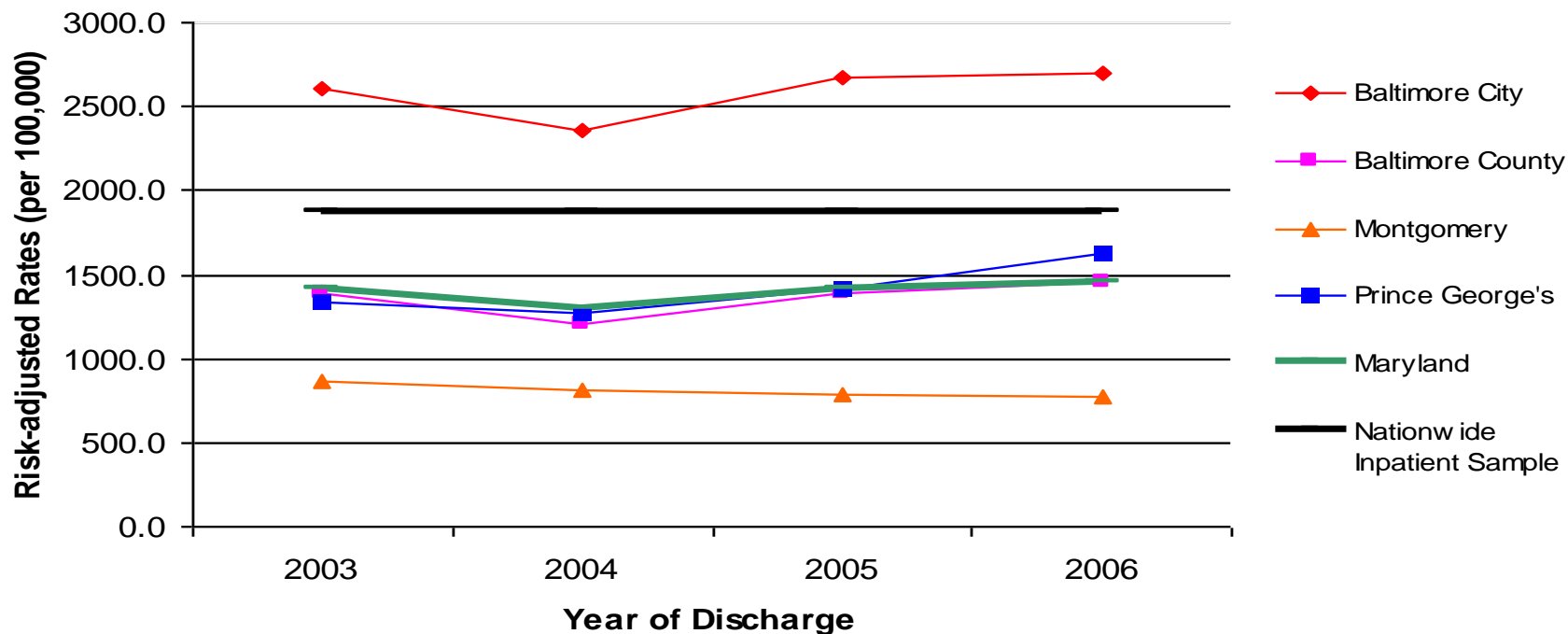
Prevention Quality Indicator Description	Maryland 2005 Risk Adjusted Rates*	New Jersey 2005 Risk Adjusted Rates**	New York 2005 Risk Adjusted Rates**	Nationwide Inpatient Sample Rates
Diabetes Short Term Complication	66.9	48.5	45.4	54.74
Diabetes Long Term Complication	146.0	148.6	112.5	126.82
COPD	181.5	173.5	159.5	230.37
Hypertension	68.8	54.1	49.0	49.70
Congestive Heart Failure	536.0	466.1	372.7	488.56
Angina (without procedure)	54.7	47.4	51.8	45.92
Adult Asthma	167.9	145.7	147.0	120.57
Lower Extremity Amputation	40.4	35.6	24.2	39.09

*Source: Maryland Healthcare Services Cost Review Commission and DC Hospital Association

**Source: State of New Jersey, Office of Health Care Quality Assessment (2008). _Prevention Quality Indicators. <http://www.state.nj.us/health/healthcarequality/documents/pqi2005.pdf> Accessed March 6, 2009

The Population Health Case for Evaluating the Impact of Health Care Reform

Prevention Quality Indicator risk-adjusted rates by selected jurisdiction, Maryland 2003-2006



The Shift From Personal Care to Population Health: Key Points

- ❑ Health insurance coverage is necessary, but not sufficient to improve health outcomes.
 - ❑ Public health needs to shift its focus from personal care to population health if health outcomes are to be improved.
 - ❑ There is a population health case for evaluating the impact of health care reform.
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